

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>8/12/00</i>
O.I.P.E. CLASSIFIER	<i>RSD</i>	<i>65918</i>	<i>3/12/00</i>
FORMALITY REVIEW			<i>4-26-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	2-12-03	
2	✓	7-22-03	
3	✓	1-9-04	
4	✓	5-24-04	
5	✓		
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50	✓		

Claim	Final	Original	Date
51	✓	2-12-03	
52	✓	7-22-03	
53	✓	1-9-04	
54	✓	5-24-04	
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Claim	Final	Original	Date
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150	✓		

If more than 150 claims or 10 actions  
staple additional sheet here

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